



ONE OWNER PER ENTRY BLANK

OWNER'S NAME: _____

| Leave Blank Back # | Name Of Horse Class # | Horse's Age | Horse's Reg. # | Rider/Driver | Rider's Age | Entry Fee \$25 Per Class | |
|--------------------|---|-------------|----------------|---------------------------|-------------|--------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Name Of Equitation Rider Class # | | | | | | |
| | Rider Name: | | | City and State: | | | |
| | | | | Name of Equitation Horse: | | | |
| | Rider Name: | | | City and State: | | | |
| | | | | Name of Equitation Horse: | | | |

Office Use Only

Ck# _____ Ck Amt. _____

Date Rec. _____ Monies Over _____

EB # _____ Monies Under _____

Please stable with: _____

- TOTAL FEES:** Make checks payable to IASPHA, Inc.
- # _____ Classes @ \$25
 - # _____ Box Stalls @ \$65
 - # _____ Tack Stalls @ \$65
 - # _____ Office Fee @ \$20 per horse
 - # _____ Grounds Fee @\$25 per horse (showing out of trailer)
 - # _____ Camper hook-up (\$30 per night)
 - # _____ Post Entry Fee @ \$25 per horse
 - # _____ **NON IASPHA member fee \$10 per day**

TOTAL Charges

COMPLETE BOTH SIDES OF THIS FORM



SPRING 2010
Saturday, May 8
Sunday, May 9
Entries Close April 30
Mail Entries to Cheryl Rangel



SUMMER 2010
Saturday, July 10
Sunday, July 11
Entries Close June 30
Mail Entries to Cheryl Rangel



FALL 2010
Saturday, September 4
Sunday, September 5
Entries Close August 22
Mail Entries to Cheryl Rangel

I hereby release the sponsors of the IASPHA Horse Shows, Boone County Fairgrounds, and the Show Committees, from any loss, damage, injury or liability to any horse, rider, and/or spectator.

Rider/Driver/Handler

Signature _____

Print Name _____

Street _____

City _____

State/Zip _____

Telephone _____

Cell Phone _____

Owner/Agent

Signature _____

Print Name _____

Street _____

City _____

State/Zip _____

Telephone _____

Cell Phone _____

Parent/Guardian Signature: (required if rider/driver/handler is a minor) _____

Print Parent/Guardian Name _____

Mail all entries to:



Cheryl Rangel,
1101 Peace Drive
Wheeling IL 60090
Phone: 847-537-4743 Fax: 847-537-4758
e-mail: tracesct@aol.com